

UNBORN / ADOPTED CHILD(REN) VERIFICATION

TO: (Name and address)

DATE: _____

TELEPHONE #: _____

FAX #: _____

APPLICANT/PARTICIPANT NAME: _____

SOCIAL SECURITY #: _____

RETURN THIS FORM TO:

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A pregnant woman or a household in the process of adopting a child should include the additional person(s) for the purpose of determining the maximum allowable income. In these cases, management must obtain documentation giving evidence of pregnancy or adoption.

I, _____, duly state the following:

Y N 1. I am currently pregnant. Anticipated date of delivery: _____

Y N 2. I am/will be adopting a child in the next 12 months. Anticipated date: _____
(Please provide a copy of adoption papers)

I hereby certify that the information provided above is accurate and complete to the best of my knowledge. I consent to release such information in order to comply with government regulations regarding allocation of tax credit housing. I understand that providing false or misleading information under oath may subject me to criminal penalties. I fully understand the information requested and the ramifications of my breach of this agreement.

Applicant/Resident Signature

Date _____

TO BE COMPLETED BY DOCTOR OR ADOPTION AGENCY:

Please complete the following and return it as soon as possible.

1. _____ is expecting a child(ren) on _____
Applicant/Resident Name Date/Year

2. _____ is expecting to adopt a child(ren) on _____
Applicant/Resident Date/Year

Signature of Doctor/Adoption Agency Personnel

Date _____

Print Name _____

Telephone Number